

accompanied by chronic diseases and ailments of one kind or another. Dr. Heron emphasizes that in man at all events age is complicated by many psychological changes. Mr. Benjamin completes the human picture by displaying the vast and shifting demographic framework within which the drama of ageing is now being played out in our own country.

This well prepared record of a most interesting symposium can be recommended with confidence to those interested in ageing. Everyone will find their horizon widened.

T. M. L.

MENTAL ILLNESS

Hollingshead, August B. and Redlich, Frederick C. *Social Class and Mental Illness: A Community Study*. New York, 1958. Wiley. (London, Chapman and Hall). Pp. xi + 442. Price 60s.

ENGLISHMEN as well as Americans incline to the belief that social classes are less sharply defined and play a less important part in society in the United States than they do in Western Europe. Many observers have demonstrated, however, the falsity of any assumption that the class structure of American society is hard to define or unimportant. The implications of this are widespread, and nowhere more manifest, than in regard to ill health. Dr. Hollingshead and Dr. Redlich, who are respectively Professors of Sociology and Psychiatry in Yale University, have addressed themselves since 1948 to investigating the relation between social stratification and mental illness in New Haven and its populous environs. The outcome of their thorough and illuminating inquiry is partly reported in this volume, which is to be supplemented by another on Family Dynamics in the same context.

The range of the inquiry, the number of investigators who took part in it, and the sustained effort which was clearly called for demand the reader's respect and at many points his admiration. Every person resident in the New Haven area who was receiving psychiatric treatment during the latter half of 1950 was ascertained, and a variety of social and medical data recorded about each of them. This entailed an approach to many agencies

and individuals, and, in particular, to the staffs of psychiatric hospitals and clinics and to psychiatrists in private practice, not only in New Haven but also in New York and elsewhere. The social class structure of the people in New Haven had then to be determined by direct study of a 5 per cent sample of all households in the area, using criteria which Hollingshead had devised and validated. Subsidiary investigations were concerned with the social class origins and outlook of the psychiatrists who provided the information, so that their bias could be determined and evaluated.

The investigation was primarily concerned to find the answers to two questions: Does social class play a part in the causation of mental illness and, Does a psychiatric patient's position in the class system affect the way in which he is treated for his illness? Positive answers were obtained. Each class exhibited definite types of mental illness; each class reacted to the presence of mental illness in its members in different ways; and the treatment accorded to psychiatric patients of the different classes differed correspondingly. The evidence on which these conclusions are based is set out in sufficient detail, and with such clarity that it carries conviction.

The book is in five divisions. The first deals with scope and methods, and describes the all-important technical procedures employed. The social structure and cultural characteristics of the New Haven Community are next reported with a due regard for their historical development, and with a detailed description of the psychiatric facilities available. Under the last heading startling facts are provided regarding the sharp distinction between, on the one hand, psychiatrists who have a psycho-analytical outlook and are almost entirely in private practice, and, on the other, psychiatrists who have a more eclectic and organic orientation towards treatment. Parts Three and Four of the book present the material collected in the investigation and Part Five discusses attitudes towards mental illness and the social implications of current psychiatric practice in the United States.

The expert handling of complex material and the dispassionate review of social issues

which often arouse emotion and prejudice, would make this book a notable addition to the meagre literature of social psychiatry even if the data were less extensive and arresting. How far they would hold true in this country is as yet a matter of conjecture. For example, one of the main findings is that New Haven residents get psychotherapy for their psychiatric troubles if they belong to the upper social groups but get physical methods of treatment for the same illnesses if they belong to the lower groups. Many would doubt whether a similar situation exists in this country under our National Health System. The matter is complex and deserves to be explored, if it can be done with the same thoroughness and avoidance of hasty inferences as in the Redlich-Hollingshead Study.

HILDA LEWIS

ABORTION

Calderone, Mary Steichen (Editor). *Abortion in the United States: Report of a Conference sponsored by the Planned Parenthood Federation of America.* New York, 1958. Hoeber-Harper. (London, Cassell). Pp. 224. Price 42s.

THE UNIQUE AND ABSORBING report of this conference omits from its index the words "birth rate" and "population", although, as delegates speeches are necessarily condensed, the subjects may have been touched upon.

Opinions were often diametrically opposed, and during the three-day assembly, some of the views expressed might indicate that every U.S.A. pregnancy is as nationally important as in ancient days when at any time pestilence or famine might almost curtail a tribe.

Although many speakers showed pity and real understanding, a few pronouncements were astonishing, peculiarly illustrative of the blind spot which can exist in the mind of an experienced medical practitioner. Or is it that their specialist activities debar them from viewing all angles of the abortion problem? One delegate may have had this question in mind when he exhorted listeners to remember that "our patients do not live in a vacuum".

Much of the discussion naturally centred on whether the extended teaching of contra-

ception would or would not decrease the abortion rate. Family planners wisely argued the case for more family planning. Others said that family planning makes little difference.

Dr. D., a Roman Catholic, described a Maternity Hospital in a district 75 per cent R.C., introducing himself as being "in some way Exhibit A, because I came up to report eight therapeutic abortions in over 150,000 deliveries". The expected and prompt retort of one delegate was that women seeking abortion would not go to such a hospital. For news gets around, and amongst those often referred to as "working women", there is a kind of freemasonry undreamed of by any Hierarchy, its unenrolled membership being such women (and some men) who, on all subjects except abortion, are allowed freedom of opinion.

Later in the proceedings, Dr. D. declared that "on the facts presented at this conference, I believe we should conclude that the wider use of contraception and of therapeutic abortion in this and other countries has not decreased the number of illegally induced abortions".

A Norwegian psychiatrist said: "when a woman wants an abortion, there must be something wrong with herself or with her life situation or both, and that frequently she represents not an individual social and medical problem only, but that of a whole family in need of some social or sociomedical treatment". I know a regular delegate to the Annual Congress of highly intelligent working class British women whose comment on that statement would be forceful and might be unprintable. The psychiatrist believed that "the woman's whole situation must be analysed", and seems not to have encountered many of the little mums whose lives are happy except where there is possibility of an unwanted birth into their family. This darkens their whole horizon, and the psychiatrist sees them only when they are distracted by terror and apprehension, and dare not confess their own unsuccessful attempts to end an unwelcome situation.

That a doctor, by an adverse decision, can condemn a woman to bitterness and despair, or drive her to the unskilled operator, may inevitably lead to accepting the extreme view most courageously expressed over thirty years ago by Dr.